1. DATE ISSUED MM/DD/YYYY 2. CFDA NO. 3. AS 04/18/2018 93.116 CO	sistance type operative Agreement	DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Disease Control and Prevention
1a. SUPERSEDES AWARD NOTICE dated 12/18 except that any additions or restrictions previously implied in effect unless specifically rescinded	3/2017 xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	CDC Office of Financial Resources 2920 Brandywine Road
4. GRANT NO. 6 NU52PS004680-04-01 Formerly 51152PS004680-02	5. ACTION TYPE POST Award Amendment	Atlanta, GA 30341
6. PROJECT PERIOD MM/DD/YYYY From 01/01/2015	MM/DD/YYYY Through 12/31/2019	NOTICE OF AWARD AUTHORIZATION (Legislation/Regulations)
7. BUDGET PERIOD MM/DD/YYYY From 01/01/2018 8. TITLE OF PROJECT (OR PROGRAM)	MM/DD/YYYY Through 12/31/2018	SEC 301(A), SEC 317 PHS ACT AS AMENDED (42 U.S.C. 247B-6)
Kentucky Tuberculosis Elimin 9a. GRANTEE NAME AND ADDRESS	nation and Laboratory	Program Cooperative Agreement 2015 to 2019
		9b. GRANTEE PROJECT DIRECTOR Dr Robert Lee Brawley 275 E. MAIN STREET HS2E-B KENTUCKY DEPT FOR PUBLIC HEALTH FRANKFORT, KY 40621

1. APP	ROVED BUDGET (Exclud	es Direct Assistance)	ALL AIN	DUNTS AR	12. AWARD	COMPUTATION			**	
Financial Assistance from the Federal Awarding Agency Only						a. Amount of Federal Financial Assistance (from Item 11m) 325,				
Total project costs including grant funds and all other financial participation						b. Less Unobligated Balance From Prior Budget Periods			0.0	
a.	Salaries and Wages	3	75,920.00	1	1	nulative Prior Award(s) This Budget		162,849.0		
b.	Fringe Benefits	************	59,310.00)		T OF FINANCIAL ASSISTANCE TH			162,849.0	
C.	Total Personnel	Costs	·			deral Funds Awarded to Date for P MENDED FUTURE SUPPORT	roject Period		2,052,411.0	
d.	Equipment	***************************************	135	,230.00		the availability of funds and satisfacto	ory progress of the p	project):		
e.	Supplies		27	0.00	YEAR	TOTAL DIRECT COSTS	YEAR	TOTA	L DIRECT COSTS	
f.	Travel	***************************************		,644.00	a. 5		d 8			
a.	Construction		∠6	,146.00	b. 6 c. 7		e. 9			
h.	Other			0.00	45 22222		f. 10			
		***************************************	36	,788.00	ALTERNATIVE	INCOME SHALL BE USED IN ACCORD WITH 8:	ONE OF THE FOLLOWS	NG		
1.	Contractual	***************************************	63	,318.00	a. b.	DEDUCTION ADDITIONAL COSTS			b	
j.	TOTAL DIRECT	COSTS —	299	,126.00	d.	MATCHING OTHER RESEARCH (Add / Deduct Option)			, [
k.	INDIRECT COSTS		26	,572.00	6.	OTHER (See REMARKS)				
J.	TOTAL APPROVE	BUDGET			ON INCABORE	ID IS BASED ON AN APPLICATION SUBMITT! TITLED PROJECT AND IS SUBJECT TO THE T NCE IN THE FOLLOWING:	ED TO, AND AS APPROV ERMS AND CONDITIONS	VED BY, THE FE SINCORPORAT	EDERAL AWARDING AGEN ED EITHER DIRECTLY	
			325	,698.00	a. b.	The grant program legislation The grant program regulations,				
m.	Federal Share		325,	698.00	This award notice including terms and conditions, if any, noted below under REMARKS d Federal administrative requirements, cost principles and audit requirements applicable to this grant.				this grant.	
n.	Non-Federal Share			0.00	prevan, Accep	ere are conflicting or otherwise inconsistent plance of the grant terms and conditions is ac the grant payment system.	policies applicable to the knowledged by the gra	e grant, the abo ntee when fun-	ove order of precedence shalls are drawn or otherwise	

APPROVED 2ND ROUND FUNDING \$162,849

GRANTS MANAGEMENT OFFICIAL: Arthur Lusby, Grants Management Officer, Team Lead

17. OBJ (CLASS 41.51	18a.	VENDOR CODE 161	106004	39B5	18b. (EIN	610600439	19. DUNS	927049767	2	0. CONG. DIST. 06
	FY-ACCOUNT NO.		DOCUMENT NO.		CFDA			ADMINISTRATIVE CODE	AMTA	CTION FIN ASST		APPROPRIATION
21. a.	8-9211183	b.	004680PS15	C.	93.11	16	d.	PS	e.	\$23,622.00	f.	75-18-0950
22. a.	8-9213485	b,	004680PS15	C.	93.11	1.6	d.	PS	e.	\$119,813.00	f.	75-18-0950
23. a.	8-9214095	b,	004680PS15	c.	93.11	16	d.	PS		\$19,414.00	f.	75-18-0950

NOTICE OF AWARD (Continuation Sheet)

PAGE	2	of	3		DATE ISSUED 04/18/2018	
GRAN'	GRANT NO. 6 NU				J52PS004680-04-01	······

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

NOTICE OF AWARD (Continuation Sheet)

PAGE	3	of	3		DATE ISSUED	
					04/18/2018	
GRANT NO. 6 NU		NU	52PS004680-04-01			

Federal Financial Repor	t Cycle		
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
01/01/2015	12/31/2015	Annual	03/30/2016
01/01/2016	12/31/2016	Annual	03/31/2017
01/01/2017	12/31/2017	Annual	03/31/2018
01/01/2018	12/31/2018	Annual	03/31/2019

AWARD ATTACHMENTS

Health & Family Services, Kentucky Cabinet for

6 NU52PS004680-04-01

1. PS4680-04 2ND ROUND FUNDING T&C

Notice of Funding Opportunity (NOFO): PS15-1501 Award Number: U52PS004680-04 (Amendment)

Applicable Cost Principles: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS

Awards

AWARD INFORMATION

PURPOSE: This revised Notice of Award is to award additional funding in the amount of \$162,849. Previously, \$162,849 had been awarded, making the current total available award amount \$325,698 of the approved \$651,398 for the Year 04 budget period which is 01/01/2018 through 12/31/2018.

Available Funding: Funding in the amount of \$162,849 in Financial Assistance (FA) is awarded on this NoA. The remainder of the budget period Approved Funding amount is subject to the availability of funds.

P&C: \$133,139 HR: \$6,088 LAB: \$23,622

The awarding of the remaining \$325,698 during the budget period is subject to funds availability.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

Please be advised that grantee must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary and reasonable.

PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE

Louvern Asante, Grants Management Specialist Infectious Diseases Branch
Centers for Disease Control
2920 Brandywine Road, M/S E-15
Atlanta, GA 30341
Telephone: 770-488-2835

Fax: 770-488-2868 Email: Lha5@cdc.gov